

12-07-00

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JC760 U.S. PTO
12/06/00

Attorney Docket No: CNTW-006/00US

PATENT

Express Mail Label No. EL6214626055US Date of Deposit: 12/6/00

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Box Patent Application, Commissioner for Patents, Washington, D.C. 20231.

Date: 12/6/00 By: [Signature]

JC564 U.S. PTO
09/730682
12/06/00

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

UTILITY PATENT APPLICATION TRANSMITTAL

- Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled: **NETWORK OPERATING SYSTEM DATA DIRECTORY**
naming as inventors: Glen Tindal and Jeffrey Schenk

and including:
 - ☒ (23) pages of description (before the claims);
 - ☒ (5) pages of claims ((20) total claims; (3) independent claims);
 - ☒ One (1) Sheet of Abstract; and
 - ☒ (7) sheets of ☒ informal ☐ formal drawing(s) including Figures 1-7.
- Also enclosed are:
 - ☒ ☒ executed ☐ unexecuted Declaration (missing one signature)
 - ☐ Assignment and Assignment Recordation Cover Sheet
 - ☐ Assertion of Entitlement to Small Entity Status under 37 C.F.R. § 1.27
 - ☒ Information Disclosure Statement
 - ☒ FORM PTO-1449 with copies of cited material
 - ☐ Preliminary Amendment
 - ☐ Bibliographic data entry sheet
 - ☐ Other:
- ☐ Please amend the specification by inserting before the first line the sentence: --
This application claims priority under 35 U.S.C. §§119 and/or 365 to _____ filed
in _____ on _____, the entire content of which is hereby incorporated by
reference.--

4. ☐ Please amend the specification by inserting before the first line the sentence: --
This application claims priority under 35 U.S.C. §119(e) to U.S. Provisional
Application No. _____, filed _____, the entire content of which is hereby
incorporated by reference.--
5. The filing fee has been calculated as follows ☐ and in accordance with the
enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$710.00
Total Claims	20	- 20 =	0	x \$18.00	
Independent Claims	3	- 3 =	0	x \$80.00	
If multiple dependent claims are presented, add \$270.00					
Total Application Fee					710.00
If an assertion of entitlement to small entity status is enclosed, subtract 50% of Total Application Fee					
Other fees: (specify)					
TOTAL FEE DUE					\$710.00

- ☐ This application is being filed without a filing fee.
- ☐ Check No. _____ in the amount of \$ ____ for the total fee is attached.
- ☒ Please charge \$710.00 to Deposit Account No. 50-1283 for the total fee.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R.
§§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment,
to Deposit Account No. 50-1283.

6. Please direct all correspondence concerning this application to:

COOLEY GODWARD LLP
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One Freedom Square - Reston Town Center
11951 Freedom Drive
Reston, Virginia 20190-5601
Tel: (303) 546-4125
Fax: (303) 546-4099

CUSTOMER NUMBER: **022903**



Dated: 12/6/00

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Respectfully submitted,
COOLEY GODWARD LLP

By: Wayne O. Stacy

Wayne O. Stacy
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